

\_\_\_\_\_  
*Your Name | Email | Phone | Troop # | Service Unit*

\_\_\_\_\_  
*Donor's Name & Business Name*

\_\_\_\_\_  
*Donor's Street Address*

\_\_\_\_\_  
*Donor's City/State/Zip*

\_\_\_\_\_  
*Donor's phone and email*

How will the funds be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Amount (if cash or gift cards): \$ \_\_\_\_\_

Description of in-kind items:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In-Kind Estimated Value: \$ \_\_\_\_\_

Why are additional funds needed beyond the product programs' proceeds?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
GSCCC Staff Signature

\_\_\_\_\_  
Approved | Denied

\_\_\_\_\_  
Date